



RISING STARS GYMNASTICS ACADEMY

520 Hayward Avenue North * Oakdale, MN 55128

Phone: 651/730-4376 * Fax: 651/731-1215

www.risingstarsgym.com

Summer Camp 2011 Registration Form

Child's Name: _____ Age: _____ DOB: _____ M / F 1st Child Cost: _____

Child's Name: _____ Age: _____ DOB: _____ M / F 2nd Child Cost: _____

Address: _____ City: _____ Zip: _____

Parent's Name(s): _____ Home Phone: _____

Cell Phone(s): _____ Work Phone(s): _____

Email Address: _____

Medical Conditions or Allergies: _____

I hereby authorize the staff of Rising Stars Gymnastics Academy to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Rising Star's staff and Rising Stars Gymnastics Academy from any and all liability for any injuries and illness incurred while at camp. I understand that participating in gymnastics and various sports activities involves motion and carries with it the risk of injury. Rising Stars is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the child's family. I also understand that Rising Stars retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

Signature: _____ Date: _____

Monday – Thursday (four-day camp) \$130.00 half day (\$35/day), \$240 full day (\$65/day)

Morning: 8:30 am – 12:00 pm Afternoon: 12:30 pm – 4:00 pm

~ Child must bring their own snack/lunch & beverage ~

For girls & boys, ages 5-12

Please circle the week(s) you will be attending Rising Stars' Summer Camps and morning, afternoon or both. Also, specify under the notes section if you are signing up more than one child, for separate weeks, or which days if not signing up for an entire week. The registration form is due with the payment at least one week prior to the start of each camp.

Notes:

Week 1:	June 13-16	Morning	Afternoon	Both	_____
Week 2:	June 20-23	Morning	Afternoon	Both	_____
Week 3:	June 27-30	Morning	Afternoon	Both	_____
Week 4:	July 11-14	Morning	Afternoon	Both	_____
Week 5:	July 18-21	Morning	Afternoon	Both	_____
Week 6:	July 25-28	Morning	Afternoon	Both	_____
Week 7:	August 1-4	Morning	Afternoon	Both	_____
Week 8:	August 8-11	Morning	Afternoon	Both	_____
Week 9:	August 15-18	Morning	Afternoon	Both	_____
Week 10:	August 22-25	Morning	Afternoon	Both	_____

Total Amount Due: _____

2nd child signed up for the same week receives 10% off, 3rd child receives 20%, and so on.

Buy 5 weeks of camp, get the 6th week free!

minimum of 5 students to run the camp

For office use only:

Payment Type _____ Date Paid _____ Amount _____